

MDPB Meeting
November 17, 2004

Members In Attendance: Alfred Riel, Kevin Kendall, Paul Liebow, Jay Bradshaw, David Ettinger, Eliot Smith, Beth Collamore, Steve Diaz

Guests: David Stuchiner, Lori Metayer, David White, Joe Lahood, Rhonda Chase, Dan Palladino, Marcus Day, Joseph Moore, Rick Petrie, Joanne LeBrun, Kevin Marston, Paul Marcolini, John Alexander, Matt Sholl, Peter Goth

- I. Minutes: Approved with motion by Kendall, second by Collamore— unanimous approval
- II. Legislative update: none; Budget update: none; EM Star: sign up sheet passed around
- III. Protocols: housekeeping comments only; letter to Hospitals/EDs with protocol changes similar to the one Diaz sent to MEMS Board and with effective date of protocols—will be sent once we have the effective date available.
- IV. PIFT: reviewed Oct 2004 PIFT subcommittee minutes and spent most of discussion surrounding involvement of ED physician for all transfers. Much concern re: ability and willingness of this to happen. It is noted that this is an area with much contention, but obviously it is a linchpin to providing back-up for the paramedics and seamless patient care. We have decided to draft this as an option for sending or receiving physician involvement, with a number provided for contacting a physician enroute. Goth will see if the Maine Health EMTALA form can accommodate this as perhaps a template. In any case, this does make sense and endorsed by the MDPB. This does leave out the value of advocating for patient stability by another in-house physician. This will be broached at the next MDPB meeting.
- V. RSI Update: this morning's meeting continued the discussion as to how this may look in the state of Maine. Concern of safety of such a procedure knowing that the data is sparse. The two sides of the issue are can we deliver such care to the field outside of Lifeflight with the same success vs. are we doing trauma/seizure patients any favors if they are hypoxic and we cannot provide adequate oxygenation because the pharmacologic tools are not available to providers. Knowing this, will review this again next month to see if the RSI subcommittee can bring forth the specific instances and patient indications for such a procedure, and RSI subcommittee will also continue to work on the inclusion criteria for providers into the program and the specifics of the program to see if we can reach consensus.
- VI. Disaster Protocols: introduced John Bastin and his role in hazmat protocols, MCI protocols, bomb suit removal protocols, and PAs in the disaster arena protocols.
- VII. OLMC: organizational meeting today which will be brought to the MDPB for input once we have a skeleton of an idea.
- VIII. December 11th conference at MMC regarding airway care.

- IX. MDPB not with high visibility in many groups—advocate that we try to improve this (Alexander)
- X. Tazers: what is the interface with tactical teams and EMS—specifically, can EMS personnel remove tazers from a body (embedded object). We need more info and inservice next month—arrangements to be made by Kendall and Sholl.
- XI. Any disaster questions (training, planning, etc.)—Bastin offers his services
- XII. Next meeting December 15, 2004 at 9:30 am.